# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET
### (FOR USE WITH FORM PTO-875)

**SERIAL NO.** 10/523257

**FILING DATE**

**APPLICANT(S)**

## CLAIMS

| | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | | | AS FILED | | AFTER 1ˢᵗ AMENDMENT | | AFTER 2ⁿᵈ AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| **TOTAL DEP.** | | ← | 17 | ← | | ← | **TOTAL DEP.** | | ← | | ← | | ← |
| **TOTAL CLAIMS** | | | 20 | | | | **TOTAL CLAIMS** | | | | | | |

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